

PROVIDER BULLETIN

Volume 40 Number 29

<http://dss.mo.gov/mhd/>

November 14, 2017

Partnership for Hope (PFH) Waiver: Dental Services

CONTENTS

- **Dental Service Definition**
- **Developmental Disabilities (DD) Waiver Provider Manual**
- **Limitations**

Dental Service Definition

The Partnership for Hope (PFH) waiver amendment was approved by the Centers for Medicare and Medicaid Services (CMS) effective May 9, 2017. The dental service definition is revised to avoid the state plan dental services being duplicated or replaced. Dental services covered in this waiver include -topical fluoride applications and therapeutic dental treatment such as pulp therapy for permanent teeth and limited provision of removable prostheses when masticatory function is impaired or when an existing prosthesis is unserviceable.

DD Waiver Provider Manual

The DD Waiver Provider Manual will be updated with the information in this bulletin. The information contained in this bulletin is applicable to the PFH Waiver effective May 9, 2017.

Limitations

Dental services for individuals under the age of 21 are not covered. Dental services for individuals under the age of 21 may be accessed under the State plan as a Healthy Children and Youth/Early and Periodic, Screening, Diagnosis and Treatment (HCY/EPSDT) benefit. PFH dental services for adults exclude dental services covered under the state plan. Adult dental services covered under the state plan include the following categories: trauma of the mouth, jaw, teeth or other contiguous sites as a result of injury; treatment of a disease/medical condition without which the health of the individual would be adversely affected; preventive services; restorative services; periodontal treatment; oral surgery; extractions; radiographs; pain evaluation and relief; infection control; and general anesthesia. Additional information can be found in the [Dental Provider Manual](#) Section 13.1.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Managed Care Services

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896